

# OFFICIAL TRANSCRIPT REQUEST

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
<b>Student ID Number Or Social Security Number:</b>	<b>Date of Birth:</b>	<b>Approximate Dates of Attendance:</b>
<b>Current Address (Number, Street, City, State, Zip):</b>		
<b>Current Phone Number:</b>	<b>Current Email:</b>	
<b>REQUIRED Student Signature.</b> In accordance with the Federal Educational Rights and Privacy Act of 1974, student's signature and written authorization is required to release any information.		
<b>Sign Here</b> _____ <b>Date Here</b> _____		

**IMPORTANT NOTES:**

- Transcript request will not be processed until all outstanding financial obligations to the college and District have been met including fees for the current semester. Any past due fee(s) owed or other student record hold will cause a delay in the processing of your request or a return of request.
- Only coursework completed at LACC will be included in the transcript requested.  
 For ITV coursework, go to <http://www.lamission.edu/itv/> or call ITV at (818) 833-3595 or (818) 833-3591.  
 For overseas military coursework, please call (818) 364-7773.

**Regular Processing** - \$3.00 per transcript X \_\_\_\_\_ = \$\_\_\_\_\_ Mailed out within 7 to 10 business days. All students receive their first two regular transcripts for free in their lifetime. Pick up service not available.

**Rush Processing** - \$10.00 per transcript X \_\_\_\_\_ = \$\_\_\_\_\_ Mailed out within 1 to 2 business days or pick up in person.

Make all checks or money orders payable to **Los Angeles City College**.  
 Mail all requests to Los Angeles City College Transcript Unit, 855 N Vermont Ave, Los Angeles, CA 90029

For CSU GE Breadth and IGETC certification requests, please use the online petition below or contact a counselor. The Articulation Officer has final determination of course review and application of credit for CSU GE-Breadth and IGETC certification.

<http://www.lacitycollege.edu/Academic-Info/Articulation/CSUGE-IGETC-Cert-Request>

**Please hold my request for the following purpose:**

Hold until degree is recorded at the end of the semester  
 Hold for final grades: \_\_\_\_\_  
 Hold for Incomplete/Grade Change/Auto Repeat in:  
 Course: \_\_\_\_\_ Grade: \_\_\_\_\_ Sem/Yr: \_\_\_\_\_  
 Hold for Academic Renewal in \_\_\_\_\_

Please **print** all information below. Student is responsible for correct address. Separate form is required for each address.

**MAIL TRANSCRIPTS TO:**

\_\_\_\_\_

\_\_\_\_\_

Attention \_\_\_\_\_

\_\_\_\_\_

Street Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**OFFICE USE ONLY**

Dear Student: Your request is being returned for a fee payment of \$ _____.  Please return your check or money order along with this form to our office.	Transcripts Processed by: _____  Date: _____ No. of Transcripts: _____ Clerk's Signature: _____	Transcripts Picked Up by:  Signature: _____  Date: _____
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